FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076
Est. time per response: 1 hour

COMMON CARRIER ANNUAL EMPLOYMENT REPORT [Please read instructions before completing and for Notice regarding public burden.]

SECTION 1 - General Information	1														
1. Name and Mailing Address of Respondent	espondent														
La MotteTelephone Company PO Box 8 La Motte, IA 52054	ompany												Check he is a char address.	Check here if this is a change of address.	
2. Year Report Filed 2017		3. Reporting Period Co 01/31	Reporting Period (Endi Period Covered by Rep 01/31/2017	3. Reporting Period (Ending Date of Pay Period Covered by Report) 01/31/2017	٧		4. Number of Reporting a. Few b. 16	4. Number of Full-Time Employees during Selected Reporting Period (check one): a. 2 Fewer than 16 (complete Sections I, IV, and V only) b. 16 or more (complete all sections)	ployees duri one): omplete Sectionete all sectionete	ng Selected ions I, IV, and	I V only)				
SECTION II - Full-Time Employees.	is.														
						0	Numl Report emplo	Number of Employees (Report employees in only one category)	/ees ne category)						
Job			42,				T	Race/Ethnicity							
Categories	Hisp	Hispanic or						Not-Hispanic or Latino	c or Latino						Total
		Lamo			Male	le					Female	nale			Columns A - N
	Male	Female	White	Black or African American	Native Hawaiian or Other Pacific	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific	Asian	American Indian or Alaska Native	Two or more races	
	Α	В	С	D	Е	F	G	Ι	-	J	*	٦	Z	z	0
Executive/Senior Level Officials and Managers 1.1															0
First/Mid-Level Officials and 1.2 Managers															0
Professionals 2															0
Technicians 3															0
Sales Workers 4															0
Administrative Support 5 Workers															0
Craft Workers 6															0
Operatives 7															0
Laborers and Helpers 8															0
Service Workers 9															0
TOTAL 10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PREVIOUS YEAR TOTAL 11															0

Title of Person Signing General Manager	04/25/2017 T _y	SECTION V - Certification I certify that to the best of my knowledge, information, and belief, all statements in this report are true and correct.	This is to advise the Commission that the following complaints alleging violations of the provisions of any equal employment opportunity statute have (Attach a list indicating parties involved, date filed, courts or agencies before which the matter has been heard, file number or other designation, and	This is to advise the Commission that no complaints regarding violations of the equal employment provisions of Federal, state, territorial, or local statutes have been filed against this company before any body having competent jurisdiction in such matters during the calendar year covered by this report.	SECTION IV - Report of Discrimination Complaints Pursuant to 47 CFR 22.321, 23.55, 90.168, 101.4, and 101.311.	PREVIOUS YEAR TOTAL	TOTAL 1	Service Workers	Laborers and Helpers	Operatives	Craft Workers	Administrative Support Workers	Sales Workers	Technicians	Professionals	First/Mid-Level Officials and 1	Executive/Senior Level Officials and Managers				Categories	Job	Scottown - Fair time cimproyees.
	Typed or Printed Name of Person Signing JoAnne Gregorich	wledge, in	Commission parties	Commission body havi	nination C	11	10 0	9	ω	7	0	5	4	ω	2	1.2	1.1	A	Male				yees.
	nted Name	formation,	on that the involved, d	on that no	omplaints																Hispanic or		
	of Person Orich	and belief	following late filed, o	complaints tent jurisdi	Pursuant		0										-	В	Female	_	_		
	Signing	all statem	complaints ourts or ag	regarding	to 47 CFF		0								3			С	White				
OF ANY STA		ents in this rep	alleging violatencies before	violations of t h matters duri	22.321, 23.5		0											D	Black or African American				
FALSE STAT		port are true a	tions of the pr	the equal emp	5, 90.168, 10		0											E	Native Hawaiian or Other Pacific Islander	M			
EMENTS MA	Signature Manue	nd correct.	ovisions of an atter has been	loyment provi lar year cover	1.4, and 101.:		0											F	Asian	Male			
DE ON THIS			y equal emple heard, file nu	sions of Fede ed by this rep	311.		0											G	American Indian or Alaska Native				Num (Report empl
FORM AREA	Hea		yment oppor	ral, state, terr ort.			0										10.10	Ι	Two or more races		Not-Hispanic or Latino	Race/Ethnicity	ber of Emplo
J.S.C. 312 (A)	mch		tunity statute I	itorial, or local			0							2				-	White		ic or Latino		Number of Employees (Report employees in only one category)
BY FINE AN (1) AND/OR I				statutes have			0											ے	Black or African American				
D/OR IMPRIS	-		been filed against this company. current status or disposition.	e been filed a			0											~	Native Hawaiian or Other Pacific Islander	Female			
ONMENT (18 (47 U.S.C. 5	Telephone No. (563) 77		company.	gainst this			0											٦	Asian	nale			
8 U.S.C. 1001 03).	elephone No. (563) 773-2213						0											≤	American Indian or Alaska Native				
WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE ON CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503).							0			,								z	Two or more races				
VOCATION						0	0	0	0	0	0	0	0	0	0	0	0	0		Columns A - N	Total		